

DEPARTMENT OF SOCIAL SERVICES

Caregiver Background Check Bureau
PO Box 944243, MS 19-62
Sacramento, California 94244-2430



<<date>>

Facility#

<<FacNumber>>

ID#

<<ID>>

Analyst

<<Analyst#>>

<<LicName>>

<<LicAddress>>

<<CityStateZip>>

Sample

IMMEDIATE ACTION REQUIRED

Criminal Record Exemption Needed for <<subject>>

This is to notify you that we have received criminal history information on the individual identified above. **This individual cannot work or be present in your facility until he/she has obtained a criminal record exemption.** If this individual is someone other than you, your spouse, or a dependant family member, he/she must continue to be out of your facility until you are notified that his/her exemption has been approved.

We have sent a similar notice to the individual's home address informing him/her of the need for a criminal record exemption.

To request an exemption the individual must submit the documents listed on page two of this notice **within forty five (45) days** of the date of this notice. An exemption will take at least seventy five (75) days to process after a complete exemption request is received by our office. If you intend to employ this individual, or allow him/her to reside in your facility, you may assist him/her in completing and submitting an exemption request. If you do not employ this individual or allow him/her to reside in your facility, he/she has the right to request an exemption on their own behalf. An individual requesting an exemption on his/her own behalf cannot work or be present in the facility.

Please notify us of your decision by completing and returning page two to the address above. Please be aware that criminal record exemptions are public information. Upon request, the Department will release the name of anyone with a criminal record exemption and the name of the facility where the person works or lives. NOTE: This does not apply to Foster Family Homes or Certified Family Homes.

If the subject identified above is you, your spouse or a dependant family member who resides in the facility and we do not receive a complete exemption request within forty five (45) days, we will notify your licensing regional office and further action will be taken against your application or license.

If you have any questions regarding this notice, please write to the address above, attention analyst <<analyst#>> or you may call 888-422-5669.

The items listed below must be submitted **within forty five (45) days** of the date of this notice or **the individual's file will be closed**. If the individual's file is closed, he/she must resubmit fingerprints, **at an additional cost**, to begin the process again.

1. A detailed description of what the individual will be doing at your facility (e.g. duty statement or job description if available).
2. A copy of the individual's Criminal Record Statement (LIC 508), that the individual was required to fill out prior to employment with your facility and any additional statements regarding his/her criminal record that the individual may have written or signed.
3. A letter signed by the individual describing the events surrounding all convictions incurred within or outside the state, including approximate date(s); what happened and why; how it happened; and any other information about the crime. It must also describe what he/she has done since the conviction to ensure he/she will not be involved in this or any criminal activity again. The Caregiver Background Check Bureau may compare the individual's statement with the LIC 508, police reports and court documents.
4. Documentation (Minute Order, court issued Judgment of Conviction or a letter from the Probation Department) indicating that the individual's current or last period of probation was informal. This does not apply if the individual was or is on formal probation.
5. Verification of completion (certificates) of any training, classes, courses, treatment or counseling.
6. Three (3) signed character reference statements. Reference statements must be on a reference request form (LIC 301E). A copy is attached. You may photo copy the form or obtain copies from the licensing website at http://www.dss.cahwnet.gov/cdssweb/On-lineFor_293.htm#I . Reference statements must be current and cannot be from relatives or family members of the individual or from employees or clients associated with your facility.
7. A copy of all police reports involving the crime(s) for which the individual was convicted, or a letter from law enforcement stating that a report no longer exists.

CHECK ONLY ONE BOX

- ☐ **YES** I intend to employ this individual or allow him/her to reside in my facility. I will be assisting him/her in requesting an exemption. The documents listed above are attached.
- ☐ **NO** I terminated this individual or removed him/her from my facility before I received this notice. Please disassociate this individual from my facility.
- ☐ **NO** I will not be employing this individual or allowing him/her to reside in my facility. Please disassociate this individual from my facility.

Please return this page within **forty five (45) days** from the date of this notice. Keep a copy for your records.

Date

Signature

Title

(_____)_____
Telephone Number